



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF ADMINISTRATION  
**Road Toll Bureau**

33 Hazen Drive  
Concord, NH 03305  
Tel. (603) 271-2302

TDD Access: Relay NH 1-800-735-2964

**ROAD TOLL REFUND APPLICATION  
FARM USE ONLY**

**FOR OFFICIAL USE ONLY:**

CLAIM NUMBER	
CLASS NO.	NO. MOS.
APPROVED	DISALLOWED
GALS.	GALS.
\$	\$
BY	REASON NO.
DATE	

(NAME OF APPLICANT)

(FEIN, if applicable)

(STREET)

(CITY/TOWN)

(STATE)

(ZIP CODE)

(TELEPHONE NUMBER)

The above applicant has purchased and used for Farming purposes herein stated Motor Fuel on which Road Toll has been paid. All equipment using Motor Fuel must be listed on the reverse side, and total Motor Fuel consumed must be accounted for.

**ORIGINAL INVOICES** of all **GASOLINE PURCHASES**, **PHOTOCOPIES OF INVOICES** for all **ON-ROAD DIESEL PURCHASES**, bearing name & address of supplier and the **NAME OF THE APPLICANT** together with evidence of payment must be attached. **Evidence of Payment:** Each invoice must be receipted by supplier as being paid, or if payment is made by check, date of payment together with check number must appear on the invoice. **No gasoline invoice** shall be returned to an applicant. If there is any evidence of erasures, or changes in either dates or amounts shown on invoices or of payment of road toll, the application will be disallowed in its portion.

Per **SAF-C 310.01 (f)**: "Motor fuel claimed on the refund application shall be the actual amount of motor fuel used by the applicant. Application for a refund shall be submitted quarterly by the last day of the first quarter following the last quarter included in the claim in accordance with RSA 260:47, III (a) which requires the same filing period for refunds as the filing deadline for federal excise taxes on fuels." **Minimum refund is ten dollars (\$10.00).** Applications for less than ten dollars (\$10.00) will **not** be accepted.

**APPLICANT'S CLAIM**

Fuel Used for the Period of \_\_\_\_\_ thru \_\_\_\_\_ yr. \_\_\_\_\_

	GASOLINE	UN-DYED DIESEL
1. Total gallons, as per attached invoices	Gals.	Gals.
2. Total gallons consumed <b>ON</b> public ways (col. 5 – line 17 – <b>reverse side</b> )	Gals.	Gals.
3. Total gallons consumed <b>OFF</b> public ways (col. 6 – line 17 – <b>reverse side</b> )	Gals.	Gals.
4. Amount of refund (Line 3 X \$0.18)	\$	\$

**TYPE OF FARMING (Check One)**

Dairy ☐ Poultry ☐ Custom ☐ Orchard ☐ Truck ☐ General ☐

Location: \_\_\_\_\_

(CITY / TOWN)

(STATE)

Signature of Applicant: \_\_\_\_\_

("This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.")

FUEL USED FOR THE PERIOD OF \_\_\_\_\_ YR\_\_\_\_\_ THROUGH \_\_\_\_\_ YR \_\_\_\_\_

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
**TYPE OF EQUIPMENT	MAKE	YEAR	REG #/SERIAL # (REQUIRED)	GALLONS USED ON HIGHWAY	GALLONS USED OFF HIGHWAY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
.			17 Totals		
			18 Transfer to Claim	Line 2 (on front)	Line 3 (on front)
			19 Total Used Col. 5 + 6		
			Must equal Line 4 Stock Record		

**STOCK RECORD MUST BE COMPLETED IF APPLICANT HAS STORAGE TANKS OR PURCHASES IN DRUMS**

STOCK RECORD	GALLONS
1. ACTUAL INVENTORY FIRST DAY OF PERIOD	
2. TOTAL GALLONS (AS PER ATTACHED INVOICES)	
3. TOTAL GALLONS TO BE ACCOUNTED FOR (LINE 1 AND 2)	
4. TOTAL GALLONS USED (AS SHOWN ON LINE 19, COLS. 5 & 6)	
5. TOTAL GALLONS SOLD	
6. BOOK INVENTORY LAST DAY OF THE PERIOD (LINE 3 LESS LINES 4 AND 5)	
7. ACTUAL INVENTORY LAST DAY OF PERIOD (STICK READING)	
8. STOCK LOSS OR GAIN (DIFFERENCE LINES 6 & 7)	
9. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINE 4, 5, 7, & 8—MUST EQUAL LINE 3)	

FOR OFFICIAL USE ONLY:

**TRUCK, TRACTOR, CAR, STATIONARY MOTORS, ETC	*** LIST MOTOR VEHICLES, REGISTRATION NUMBER REGARDLESS OF TYPE. APPLICANTS MAKING PURCHASES IN CANS (2, 5, 10 GALS.) OR BY DIRECT RECEIPT INTO FUEL TANKS ARE NOT REQUIRED TO COMPLETE STOCK RECORD BUT MUST COMPLETE COLS. 1 THROUGH 6.
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